PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving POTEP 200 5 / 0 International Application No.	•		
International Application No.		 	
International Filing Date			2005
EUROPEAN PA			

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference (if desired) (12 characters maximum) SCB 915 PCT TITLE OF INVENTIONAUTOMATIC POINTING DEVICE FOR CORRECT POSITIONING OF THE Box No. I DISTAL LOCKING SCREWS OF AN INTRAMEDULLARY NAIL Box No. II APPLICANT This person is also inventor Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Telephone No. Facsimile No. TELEIOS S.r.I. Via G. Murat, 85 Teleprinter No. 70122 BARI (BA) Italy Applicant's registration No. with the Office State (that is, country) of residence: State (that is, country) of nationality: IT the States indicated in the Supplemental Box all designated States except the United States of America the United States of America only This person is applicant all designated for the purposes of: FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) Box No. III Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this This person is: Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) applicant only ROSATI, Giorgio applicant and inventor Via G. Murat, 85 inventor only (If this check-box is marked, do not fill in below.) 70122 BARI (BA) Italy Applicant's registration No. with the Office State (that is, country) of residence: State (that is, country) of nationality: the States indicated in the Supplemental Box the United States of America only This person is applicant all designated all designated States except the United States of America X for the purposes of: Further applicants and/or (further) inventors are indicated on a continuation sheet. AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE Box No. IV The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: common representative 🗶 agent Name and address: (Family name followed by given name; for a legal entity, full official designation.

The address must include postal code and name of country.) Telephone No. +39 02 76021218 BANFI, Paolo; BIANCHETTI; Giuseppe; MINOJA, Fabrizio Facsimile No. BIANCHETTI BRACCO MINOJA S.r.I. +39 02 783078 Via Plinio, 63 Teleprinter No. 20129 MILANO Italy Agent's registration No. with the Office Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Form PCT/RO/101 (first sheet) (April 2005)

See Notes to the request form

Sheet	No		2	

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER)	INVENTOR(S)
If none of the following sub-boxes is used, this sheet should not be included in the re-	quest.
Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) SECCO, Lorenzo Via G. Murat, 85 70122 BARI (BA) Italy	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: State (that is, country) Stat) of residence:
	the United States of America only the States indicated in the Supplemental Box
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) RIZZO, Gaetano Via G. Murat, 85 70122 BARI (BA) Italy	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: State (that is, country) State (that is, country)	of residence:
This person is applicant for the purposes of: all designated States all designated States except the United States of America	the United States of America only the States indicated in the Supplemental Box
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: State (that is, country)	of residence:
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State (that is, country) of nationality: State (that is, country)	of residence:
	the United States of America only the States indicated in the Supplemental Box
Further applicants and/or (further) inventors are indicated on another continuation s	iheet.

Form PCT/RO/101 (continuation sheet) (April 2005)

See Notes to the request form

Sheet	Nο	3

Box No. V DESIGNAT	rions			
The filing of this request confiling date, for the grant of	nstitutes under Rule 4.9(a), the every kind of protection availa	he designation of all Contrable and, where applicable	racting States bound by the	he PCT on the international gional and national patents.
However,				
DE Germany is not d	lesignated for any kind of nati	ional protection		
KR Republic of Kore	a is not designated for any ki	ind of national protection		
RU Russian Federation	on is not designated for any k	cind of national protection		
the national law, of an earli	be used to exclude (irrevocab fer national application from v ions in these and certain other	which priority is claimed.	rned in order to avoid the See the Notes to Box No	ceasing of the effect, under . V as to the consequences
Box No. VI PRIORITY	CLAIM			
The priority of the following	g earlier application(s) is herel	by claimed:		
Filing date	Number	V	Where earlier application	is:
of earlier application (day/month/year)	of earlier application	national application: country or Member of WTO	regional application:* regional Office	international application:
item (1) 8 April 2004 (08.04.2004)	MI2004A000695	ιτ		
item (2)				
item (3)				
		1		
Further priority claims	are indicated in the Suppleme	ental Box.		
The receiving Office is requ	are indicated in the Suppleme ested to prepare and transmit filed with the Office which for	to the International Bureau	a a certified copy of the e	earlier application(s) (only ecceiving Office) identified
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Form PCT/RO/101 (second sheet) (April 2005)

See Notes to the request form

Box No. IX CHECK LIST; LANGUAGE	OF FILING	
This international application contains: (a) on paper, the following number of	This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):	Number of items
sheets: request (including	1. fee calculation sheet	:
declaration sheets) : 4	2. original separate power of attorney	:
description (excluding	3. Original general power of attorney	:
sequence listing and/or tables related thereto) : 15	4. copy of general power of attorney; reference number, if any:	
claims : 4 abstract : 1	5. statement explaining lack of signature	:
drawings : 12	6. priority document(s) identified in Box No. VI as item(s):	
Sub-total number of sheets : 36 sequence listing :	7. translation of international application into (language):	
tables related thereto : (for both, actual number	8. separate indications concerning deposited microorgan or other biological material	iism :
of sheets if filed on paper, whether or not also	9. sequence listing in electronic form (indicate type and number of carriers)	
filed in electronic form; see (c) below)	(i) copy submitted for the purposes of international see Rule 13 ter only (and not as part of the international	arch under
Total number of sheets : 36 (b) only in electronic form	(ii) (only where check-box (b)(i) or (c)(i) is marked in left additional copies including, where applicable, the copurposes of international search under Rule 13ter	
(Section 801(a)(i)) (i) ☐ sequence listing (ii) ☐ settles related the settles	(iii) together with relevant statement as to the identity o copies with the sequence listing mentioned in left c	f the copy or olumn :
(ii) ☐ tables related thereto (c) ☐ also in electronic form (Section 801(a)(ii))	10. tables in electronic form related to sequence listing (indicate type and number of carriers)	
(i) sequence listing (ii) tables related thereto	(i) copy submitted for the purposes of international second socion 802(b-quater) only (and not as part of the imagnification)	
Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the	(ii) (only where check-box (b)(ii) or (c)(ii) is marked in legalditional copies including, where applicable, the copurposes of international search under Section 802	fi column)
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(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)	11. 🗷 other (specify): Request for fax acknowledgement	: 1
Figure of the drawings which should accompany the abstract:	Language of filing of the international application:	
Box No. X SIGNATURE OF APPLICAN' Next to each signature, indicate the name of the person sig	T, AGENT OR COMMON REPRESENTATIVE ning and the capacity in which the person signs (if such capacity in which the person signs (if such capacity is not obvious	from reading the request).
COR J.		
Dr. Paolo BANFI	6 April 2005 (06.04.2005)	
Date of actual receipt of the purported	For receiving Office use only	2. Drawings:
international application:	0 6 APR 2005 (0 6. 04. 05)	received:
 Corrected date of actual receipt due to later timely received papers or drawings completing the purported international application: 	out , , , , , , , , , , , , , , , , , , ,	
4. Date of timely receipt of the required corrections under PCT Article 11(2):		not received:
5. International Searching Authority (if two or more are competent): ISA /	6. Transmittal of search copy delayed until search fee is paid	
	For International Bureau use only	
Date of receipt of the record copy by the International Bureau:		
orm PCT/RO/101 (last sheet) (April 2005)	Coa Mr	otes to the request form
an PC 1/KU/101 (last sheet) (Abril 2005)	See No	nes to the request form